STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155118	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	787 NORTH DETROIT ST LAGRANGE, IN46761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/10/11 Facility Number: 000049 Provider Number: 155118 AIM Number: 100270890 Surveyor: Richard D. Schade, Life Safety Code Specialist At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The original building was constructed in 1968 with the northeast, southeast and kitchen added in 1978. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 100 and had a census of 90 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/15/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0050 SS=F	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency. Findings include: Based on review of the facility's Fire Drill records and interview on 08/10/11 at 3:10 p.m. with the maintenance supervisor, there was no record of a third shift fire drill for the second quarter of 2011. The maintenance supervisor acknowledged the fire drill was not conducted during the second quarter of 2011 due to being on sick	K0050	Maintenance supervisor who is responsible for all fire drills was on sick leave at the time and the assistant overlooked this one drill in the log book. An extra 3rd shift Fire Drill was done on 8/18/2011 to make up for missed drill. The assistant maintenance director has been inserviced on the importance to following the TELS Logbook so this oversite will not reoccur. Maintenance will be responsible for all Fire Drills and the timeliness of conducting them and following the facility schedule. The administrator will monitor monthly to assure compliance.	08/18/2011

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	leave. 3.1-9(b) 3.1-51(c)			
K0074 SS=F	Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 Based on observation and interview, the facility failed to protect 100 of 100 residents by ensuring all draperies, curtains and valances serving as window furnishings were flame resistant in accordance with LSC 10.3.1. LSC 10.3.1 requires draperies, curtains and other similar loose hanging furnishings and decorations shall be flame resistant in accordance with	K0074	Facility had missplaced Fabric Specifications Sheet requested by the surveyor. Upon inspectors exit from facility a call was placed to Calderon Textiles provider of curtains and valances requesting the specifications sheet. This sheet was received by the facility on 8/12/2011. A review by the maintenance supervisor of all Fabric Specification Sheets for fabrics used in the facility was done on 8/11/2011 to ensure all were available for review when requested. All are current and available. It will be the	08/12/2011

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	NFPA 701. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observation with the facility maintenance supervisor on 08/10/11 at 3:35 p.m., each of the facility's resident rooms, dining room, therapy room and offices had drapes, curtains or valances with no evidence or documentation of fire resistance, or being treated with a fire retardant. The maintenance supervisor acknowledged at the time of observation he did not have evidence of fire resistance or material being treated with a fire retardant because it was locked in the administrator's office who was out on leave. 3.1-19(b)		maintenance supervisor's responsibility to ensure all fabric specification sheets in place and available for review as required. The administrator will monitor for ongoing compliance.	